

YOUTH SERVICES POLICY

Title: Youth Classification System Next Annual Review Date: 05/29/2010	Type: B. Classification, Sentencing and Service Functions Sub Type: 2. Classification Number: B.2.2
Page 1 of 15	
References: ACA Standards 2-CO-4B-01, 2-CO-4B-03 & 2-CO-4B-04 (Administration of Correctional Agencies); ACA Performance-based Standards 4-JCF-5B-01, 4-JCF-5B-02, 4-JCF-5B-04, 4-JCF-5C-03, 4-JCF-5C-05, 4-JCF-5C-06 (Performance-based Standards for Juvenile Correctional Facilities); La. R.S. 14:2; La. Children's Code Article 897.1; YS Policy Nos. B.2.1 "Assignment, Reassignment, Release & Discharge of Youth"; B.2.7 "Youthcare - A Behavior Management System"; B.2.9 "Youth Placement Review Process"; B.3.2 "Access to & Release of Active & Inactive Youth Records"; B.6.1 "Health Care" J/HC-MC 02-01; C.5.1 "Performance Data and Information"; & C.5.3 "Quality Assurance Reviews - Central Office Audits, Secure Facilities and Regional Offices; DYS Policy & Procedure No. 10.4 "Juvenile Classification System"; Case Management Audit Checklist; and the Social Services Manual	
STATUS: Approved	
Approved By: <i>Mary L. Livers, Ph.D., MSW, Deputy Secretary</i>	Date of Approval: 05/29/2009

I. **AUTHORITY:**

Deputy Secretary of Youth Services as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. **PURPOSE:**

To set forth uniform policy and broad procedures governing the youth classification process.

III. **APPLICABILITY:**

Assistant Secretary, Deputy Assistant Secretaries, Facility Directors, Regional Managers, all employees, particularly those employees assigned to classification responsibilities, and all youth. Each Director shall develop written procedures to implement this policy.

IV. DEFINITIONS:

Case Manager - A generic term used within a secure care facility to identify members of the counseling profession, e.g., Social Services Counselor, Clinical Social Worker, Program Manager, Group Leader, or a treatment team member assigned to manage a youth's case.

Classification - The process which determines assignment to a custody level, program participation within available services, and assignment to the most appropriate facility.

Custody Level - An assignment to one of three designations, i.e. maximum, medium or minimum, that relates to the youth's eligibility for, but not necessarily limited to, housing assignment, work assignment, furlough/recreation, and movement within the perimeter of a secure care facility.

Custody Staff - all Security personnel, which includes Youthcare workers and supervisors.

Discharge - The termination either by a court order or expiration date of a court order of Youth Services' (YS) legal responsibility for a youth. (i.e. custody or supervision)

DYS (Division of Youth Services) - The office of the Probation and Parole Program which is a division of the Office of Juvenile Justice.

Early Release - The process by which a court order removes a youth from YS custody and allows his/her return to the community under supervision.

Initial Individualized Intervention Plan (IIP) - a plan developed within seven (7) days of a youth's arrival into direct intake at a secure care facility. The initial IIP specifies problem areas, goals and objectives, and the methods used to attain them, including the role of the youth and the staff. Development of this plan is accomplished through the collaborative effort between the case manager and the youth. The treatment needs will also be prioritized based upon a review of the youth's record and recommendations made by the biopsychosocial assessment. The IIP is modified throughout the youth's stay as need areas are identified.

Needs Assessment - A structured formalized means through which accurate and reliable population based information can be obtained, with the objective of identifying the needs of the youth assigned to a facility in order to make informed decisions about service delivery. The ultimate goal is to improve programming for the youth. Through data collected from the needs assessment, decisions can be

made to: (1) determine and justify service priorities and targets; (2) strengthen links with mental health and Social Service programs and; (3) identify youth's education and training needs. This process will also help with team building and help focus both practice and professional development activities.

Over-ride - Objective consideration that can be used to alter the custody level.

Permanent Case Manager - The caseworker assigned by the Social Services supervisors within seven (7) days after placement within a secure facility after transfer from Direct Admit.

Reintegration/Transition Plan - a written plan prepared by the youth's assigned caseworker, who identifies follow-up services needed by the youth upon release to facilitate successful transition and reintegration into the community and that is coordinated with DYS to be used in completing an aftercare plan.

QMHP/MHTP - (Qualified Mental Health Professional/Mental Health Treatment Professional) includes psychiatrists, psychologists, social workers, and others who, by virtue of their education, credentials, experience, or with appropriate supervision, are permitted by law to evaluate and care for the mental health needs of patients. QMHP refers to staff of OJJ; MHTP refers to staff of LSUHSC.

Reassignment - The authorized transfer of a custody youth by the Deputy Secretary of OJJ or designee from one secure care facility or program to another.

Regional Offices - all DYS field offices located throughout the state.

Secure Placement - The type of physical constraints (architectural and/or environmental) appropriate for a particular youth who is determined by the court and by DYS evaluation to require the most secure setting.

YouthCARE - a behavior management system in which the staff provides a learning environment for the youth to grow and develop.

V. POLICY:

It is the Deputy Secretary's policy that individual youth program planning will encompass a concern for the primary objectives of providing protection for the public, staff and youth, reducing the risk of delinquent behavior, and enhancing youth growth and development. This may be accomplished through the coordinated delivery of a continuum of services and supervision that provides for youth involvement, the assignment of a youth to a permanent facility case

manager, and, whenever possible, the youth remaining close to his home community.

VI. CLASSIFICATION/RECLASSIFICATION PROCEDURES:

A. Classification Process

1. *Data Collection* - serves as the foundation for the case assessment and for all future case planning. Data collection requires the coordinated efforts of all staff of the regional offices and secure care facilities or programs using the widest range of resources available in gathering information to be used in the case planning process.

Accordingly, the following information, if available, is considered essential to the custody/need case planning process and shall be gathered through a formal interview:

- a. Commitment Document;
 - b. Certified True Copy of Court Order;
 - c. Court Face Sheet;
 - d. Assessment Summary Sheet;
 - e. Pre-dispositional or Social History;
 - f. DYS Needs Assessment;
 - g. DYS Risk Assessment;
 - h. Educational Assessment;
 - i. Juvenile Electronic Tracking System (JETS) Records.
2. Initial Case Plan and Treatment Services - having collected all the necessary information, an IIP will be developed for all youth assigned to a direct intake unit generally within a target time period of 48 hours of placement to address the following issues: [refer to Attachment B.2.2 (a) for instructions and Attachment B.2.2 (a.1) for the IIP]
 - a. Behavioral Adjustment - The process by which a youth adjusts to the facility environment to include emotional and behavioral adjustment. The case manager will assist the youth as needed with Youth Code of Conduct major/minor violations. Additionally, the case manager will inform the youth how Code of Conduct violations will negatively impact his/her custody level, furlough and early release consideration;
 - b. Problem Solving Skills - skills identified for youth will be introduced to the youth and reinforcement in the utilization of these skills will be provided by all staff using approved modalities;

- c. Orientation Process - youth will be oriented to Youthcare and LaMOD, and the Youth Code of Conduct; and
- d. Preparing youth for involvement in the treatment process - utilizing motivational interviewing techniques, staff will help youth to become ready for involvement in the treatment process, with the goal of successful reintegration into society.

All youth will sign a written notification that they have been advised of the initial staffing process utilizing the "Notice of Classification Case Staffing" form [see Attachment B.2.2 (b)] as part of the intake process. If a youth refuses to sign, it will be noted on the form and witnessed by staff member. The parent/guardian of the youth shall receive a phone notification of the initial classification staffing within twenty-four (24) hours of the staffing.

The Initial Custody Classification form [see Attachment B.2.2 (c)] shall be completed by the case manager within forty-eight (48) hours of admission. The Severity of Offense Scale [see Attachment B.2.2 (k)] will be utilized to determine the severity of the offense when calculating the Initial Custody Classification. The case manager shall convene the initial staffing consisting of designated staff (dorm custody staff, Social Services staff, and other staff as applicable) who will review pertinent information regarding the youth. The initial IIP shall be signed by youth, case manager, dorm custody staff and any other staff identified by the case manager as significant to the youth making a positive adjustment.

The Reintegration/Transition Plan shall be completed within forty-eight (48) hours of admission. [Refer to YS Policy No. B.2.1 "Assignment, Reassignment, Release and Discharge of Youth" Attachment B.2.1 (b)].

Treatment staff shall conduct group and individual counseling to address need areas identified in the initial IIP. Unless exigent circumstances dictate otherwise, contact with the youth shall be made a minimum of two times per week through individual and/or group counseling, or more if clinically indicated, or a behavioral adjustment problems exist. Individual counseling contacts shall be documented on the Progress Notes form [Attachment B.2.2 (d)]. All progress notes shall reflect the date and time (am/pm) with the case manager's full name and title. Group counseling contacts will be documented on the Group Counseling Assessment form [Attachment B.2.2 (e)]. Group documentation shall reflect the date, time, topic, facilitators name and title, type of group, group session number, and the location where the group was conducted.

3. Direct Admit Staffing and Initial Case Review - A review of cases designated to determine the appropriate dorm assignment for the youth shall be conducted by a multidisciplinary staffing, which consist of the case manager, LSUHSC Medical and Mental Health, Education, parent, DYS staff and other applicable staff. Reports from the Direct Admit staff shall be reviewed in completing the youth's Needs Assessment [Attachment B.2.2 (f)] and the Initial Custody Classification scale and in making decisions about assignment. At the Direct Admit staffing, results of the Initial Custody Classification and Needs Assessment shall be reviewed. The case manager and the Social Services supervisor shall both sign the Initial Custody Classification form. The criteria for the facility/living area assignment shall include applicable risk factors based on age, gender, maturity, size, offense history, secure care behavior and/or program participation, offense, education, mental health history and any special needs of the youth. Finally, the case should be considered in light of any over-rides before determining the appropriate recommendation of facility placement and custody [See Attachment B.2.2 (h) "Custody Reclassification" form and instructions].
4. The Social Services supervisor of the Direct Admission Unit is responsible for advising the Director of the facility of unusual or exceptional cases or recommendations. The case manager shall document the initial case staffing on an Individualized Intervention Plan Summary of Case Staffing form.

B. Placement Process

After the youth transfers to his assigned housing unit, his case manager shall review all assessments, observation of the youth's adjustment to the facility, staff, and parental contact prior to the development of the IIP. Therefore, in some cases, appropriate care of the youth may dictate change in living area or case manager to best effect rehabilitation. The case manager shall conduct a thorough review of the youth's record and convene a multidisciplinary staffing committee within seven days of admit.

In the formulation of the IIP once the youth has been transferred to the receiving dorm or facility, the following information shall be reviewed:

1. LSUHSC Assessment Summary and/or Psychiatric Evaluations;
2. Medical History and Physical Assessment;
3. Initial IIP created in Direct Admit; and
4. Any other pertinent documentation available in the record.

The staffing committee will review the information and develop an IIP specific to the needs of each youth. Treatment needs will be prioritized by the committee based on a review of the record, and recommendations of the assessments conducted during the direct admission process. The case manager shall go over the goals and objectives using terminology that the youth can understand, taking into consideration educational level and accommodations needed to help the youth successfully meet the goals/objectives of the treatment plan. The plan may be updated, as needed, as staff become more familiar with youth and other needs begin to surface that require immediate attention.

The IIP staffing does not involve/require a custody reclassification screening document being completed. This staffing is viewed as an IIP staffing only, not a custody reclassification staffing. Custody reclassification staffings shall occur ninety days from the Initial Custody Classification completed during Direct Admission, unless otherwise warranted.

- C. The IIP consists of three parts: (1) rehabilitation; (2) physical health care; and (3) mental health treatment needs of the youth.
 - 1. Case Plan (Part 1) - OJJ treatment staff addresses social, educational, and vocational needs of the youth which is completed through a multidisciplinary staffing. The case plan outlines the relevant problems and/or need areas of the youth, and identifies the activities necessary to guide achievement of the desired results of change. The case plan serves as a management tool for the case manager and an indication of the youth's progress in addressing relevant need areas. Need areas that are identified from the LSUHSC Assessment Summary are included in the case plan. The case manager will go over the plan using terminology that the youth can understand, including accommodations when applicable.
 - 2. Physical Health Care Plan (Part 2) - LSUHSC Medical staff addresses chronic medical and dental problems that will require on-going care, or unresolved acute problems that need to be addressed at the time of development of the IIP.
 - 3. Mental Health Treatment Plan (Part 3) - LSUHSC Mental Health staff addresses psychiatric and psychological needs of the youth. These are areas of concern typically associated with significant mental illness or emotional disturbance. Additionally, any youth on psychotropic medication, regardless of the severity of the illness, shall have this part of the IIP completed. In order to provide adequate and appropriate

services for youth who have been identified in the LSU/HSC assessment as: (1) youth with an IQ below 70; (2) victims of sexual abuse for whom LSU/HSC has recommended treatment for sexual abuse; (3) youth adjudicated to secure care as a result of the commission of a sexual offense or youth currently diagnosed with a sexual disorder; and (4) youth currently diagnosed with a substance abuse disorder or substance dependency disorder, an IIP shall be designed and implemented through consultation with LSUHSC.

All plans shall be completed unless the youth has no identified mental health or health needs, in which case the applicable plan should denote N/A.

D. Reclassification Process

1. In order to provide for the most appropriate secure care facility assignment and program involvement of each youth, it is essential that youth cases be reviewed for reclassification no later than three months from the initial classification, with subsequent reclassifications to follow at a minimum of every three months and documented on the Custody Reclassification form. The Severity of Offense Scale will be utilized to determine the severity of the offense when calculating the Custody Reclassification Score.

Any subsequent reclassifications should be completed within ten (10) working days of the date listed on the prior custody reclassification scale. Custody reclassification may also occur at anytime based upon the youth's behavior or program participation.

Youth with mental retardation designation shall be staffed every forty-five (45) days as a special staffing. This is not a custody reclassification staffing, but a review, which may include updates to the individualized case plan, with accommodations being noted on all plans.

2. A custody reclassification scale must be completed on any youth who is arrested or charged as a felon for acts occurring while housed at any secure care facility and for which no court action has been taken. This override directive does not apply if the charge is *nolle prossed* (withdrawn by the Prosecutor), or if there is substantial reason to believe that the case will not go to trial.

Staffings shall be conducted in such a manner to eliminate the presence of any staff and particularly youth not directly related to the youth's case. Each reclassification staffing shall be attended by the following:

- case manager,
- Social Services supervisor,
- representative from the school (who shall bring the youth's progress from his teachers or Special education teacher if the youth is receiving SSD #1 services),
- a custody staff member who supervises the youth in the youth's living unit or a supervisor - Lieutenant or above,
- regional Probation and Parole officer or representative,
- a LSUHSC/MHTP providing individualized services to the youth, if applicable,
- a member of the LSUHSC Medical staff who is familiar with the youth's medical care if the youth is receiving on-going medical treatment (e.g., for chronic health care needs), and
- a Recreation representative (or qualified representative if named individual is unavailable).

If not represented at the staffing, written comments or reports shall be used in the staffing to ensure education, medical, mental health, recreation or security activities are considered. These reports shall be filed in the youth's case record in the appropriate clip. The youth and parent/guardian shall be encouraged to attend the staffing and participate in the discussion. If the parent/guardian cannot attend the staffing, the case manager must indicate the reason why on the Individualized Intervention Plan Summary of Staffing form [see Attachment B.2.2 (a.2)].

Reclassification shall help monitor the youth's progress, reveal any problem areas that need attention, discuss Code of Conduct violations received during the quarter, and discuss interventions that can be utilized to change/alter the youth's behavior. However, if the youth is doing well, reclassification does not imply that there must be a change in the youth's program or custody level.

Quarterly reclassification staffings shall be used to develop reports, using the Progress Report Format Guidelines [see Attachment B.2.2 (i)], that will be submitted to the courts of continuing jurisdiction quarterly. The quarterly report must be submitted to the court within thirty (30) days proceeding the reclassification staffing. The staffing will help to determine if a youth has met the guidelines for, or should otherwise be considered for a recommendation for furlough, reassignment, release, or

discharge from a secure setting. If a youth is not making progress, the treatment team shall discuss strategies for addressing the impediments to progress and shall modify the IIP accordingly.

3. **Reclassification Staffing and Individualized Intervention Planning** - The youth shall be encouraged to be involved in the staffing process and shall be provided with sufficient Notice of Reclassification Case Staffing a minimum of twenty-four (24) hours prior to the staffing. At the staffing, the Custody Reclassification Scale is completed. The Individualized Intervention Plan Summary of Staffing form shall be utilized to document the staffing process to include any changes in goals and objectives and release planning. Notation is to be made regarding program participation relative to the frequency, duration, and involvement in objectives as defined in the IIP. A new Individualized Intervention Plan Summary of Staffing form shall be generated with signatures, dates and titles for each custody reclassification staffing only if new goals or objectives need to be achieved as reflected on the Monthly Assessments.
4. Upon completion of the Reclassification Staffing, the Custody Reclassification form is to be completed and submitted to the case manager's supervisor.
5. Approval and authorization at reclassification will be conducted in the context of concern for the safety of the public, safety of staff and youth, and the youth's growth and development. The Custody Reclassification form on all cases will be reviewed and approved by the case manager's supervisor. The case manager and the supervisor are responsible for advising the Director of unusual or exceptional cases or recommendations.
6. In the event that an override is needed, refer to the Custody Reclassification form instructions.

E. Provision of Services to Youth

The permanent case manager is the key facility staff member who ensures that the youth under their charge receives the services necessary to meet his/her unique needs. The permanent case manager is also responsible for gathering data from various services/disciplines and assimilating these services and information into an appropriate IIP that will help to guide the youth's successful re-entry into the community. An assessment of the youth progress toward meeting the individual IIP goals shall be done monthly and documented on the Monthly Assessment of IIP Progress form [see

Attachment (g)]. This information shall be used when the multidisciplinary team meets quarterly to conduct the regional staffing.

All treatment and contact shall be documented on the Progress Note form using the Data, Assessment, Goal, and Plan (DAGP) format and placed in the youth's case record. The case manager shall meet with the Program Manager/Social Worker supervisor to discuss the intervention style used and needed recommendations and follow up. Each youth shall be provided individual counseling weekly, or biweekly if the youth is classified with a mental retardation designation.

The case manager shall meet with the youth for an individual one-on-one counseling session one time per week for a minimum of 30 minutes, in addition to the scheduled weekly group counseling session. Group counseling sessions are to be a minimum of forty-five (45) minutes in duration. For youth who are classified as mentally retarded, the case manager will meet with the youth a minimum of two times per week for an individual counseling session. Special accommodations will be put in place to address the needs of these youth, including the use of the following tools to include, therapeutic manipulatives, journaling, art work and educational support services.

All counseling sessions shall occur in a private designated counseling area. During this time, the case manager shall continue monitoring the youth per the IIP and address any other issues or concerns. The individual counseling sessions shall be documented via the Progress Notes form using the DAGP format and filed in the youth's case record under Clip II.

The case manager and supervisor should be in continual communication to discuss the youth's case, including the intervention style used by the case manager, the need for a special staffing, etc. The supervisor shall review and initial all monthly assessments.

The MHTP shall be the primary therapist involved in the treatment of youth who are authorization for suicide watch. There should be daily contact between the MHTP and case manager. The MHTP, in collaboration with the case manager, shall determine the frequency of contact with the youth by the case manager. These contacts shall be based upon what best meets the needs of the youth.

Types of counseling services available to youth are as follows:

1. Individual counseling - one-on-one direct therapeutic intervention by the case manager with a youth, addressing core need areas identified per the IIP or other problem area as stipulated below:

It shall be regular and routine practice for case managers to have an individual counseling session with a youth promptly when one of the following events occurs:

- a. The youth is in danger of having his/her custody level increased due to an increased number of - code of conduct violations;
- b. The courts denies the youth an early release;
- c. The facility either removes the youth from the short-term program or extends the youth's time in the program; or
- d. The facility decides not to recommend the youth for early release even though the youth has maintained a minimum or medium custody level for two consecutive quarters.

The counseling sessions shall be designed to help the youth develop concrete strategies for dealing with the problems. These individual counseling sessions do not replace or substitute for the youth's regular individual counseling sessions with the case manager.

2. Group counseling - consists of therapeutic intervention by the case manager with a group of youth, to solve a common problem (i.e., anger management, substance abuse, etc.).
3. Crisis Counseling - a type of brief treatment for a youth in which the case manager assists with an immediate problem (i.e. trauma due to abuse, recent fight or suicide ideation or attempt).

When individual counseling sessions are conducted, documentation shall be noted in the youth's case record, according to the need area on a Progress Notes form using the DAGP format. Group counseling sessions shall be documented in the youth's case record weekly utilizing the approved Group Counseling Assessment form. All entries in the case record shall be individualized, based on the youth's level of participation/progress in the treatment process.

Pertinent informal contacts (i.e., family issues, educational concerns, medical issues, reports of alleged abuse, and emotional distress) shall also be documented in the youth's case record utilizing the Progress Notes form. Progress Note entries shall be signed (full name and title) and dated at the end of each entry by the case manager or person making the entry.

The Visitation - Family Contact Progress Notes form [see Attachment B.2.2 (j)] shall be utilized to document all contacts with family members during

visitation Sunday. If the youth does not receive visits, then a form shall be placed in the record quarterly denoting the lack of visitations.

F. Reintegration/Transition Plan Form Guidelines

1. The case manager, with collaboration from other disciplines such as Education and Medical and Mental Health, shall complete a preliminary Reintegration/Transition Plan for every youth, generally within thirty (30) days after receiving the Assessment Summary from LSUHSC, with support from the appropriate DYS Regional Office. The Reintegration/Transition Plan Supplemental form shall be utilized as an additional sheet to document individual needs previously specified that requires follow up in the community upon youth's release.
2. The Reintegration/Transition Plan shall be reviewed and updated during monthly reviews and quarterly reclassification staffings.
3. All reviews and updates shall be documented in the youth's case record via the Monthly Assessment of IIP Progress form [Refer to YS Policy No. B.2.1 "Assignment, Reassignment, Release and Discharge of Youth" Attachment B.2.1(e)] and the Individualized Intervention Plan Summary of Staffing form. A brief narrative shall be completed denoting goals and progression towards re-integration after each review.
4. Every effort shall be made to ensure that every youth has a final Reintegration/Transition Plan prior to release regardless of the youth's length of sentence.
5. For youth who have court dates, the case manager shall bring a copy of the finalized Reintegration/Transition Plan and the supplemental to the hearing in case the youth is released from court. This will require preplanning on the part of the case manager in terms of identifying resources, with support from the appropriate Regional Office, for identified need area(s) that require follow-up in the community.

A copy of this finalized plan shall be given to the youth at court, with a copy provided to the parent/guardian within seven (7) days of release.

6. For those youth who are released on their full term date, or the facility receives prior notification of release, the final plan shall be completed ten (10) days before the release date, or as soon as notification of release is received, and forwarded to the program manager for review and approval.

7. A copy of the final release plan shall be provided to the youth and parent/guardian on the date of release.
8. Release certificates shall not be signed without a completed Reintegration/Transition Plan attached or an explanation as to why the plan is not attached. In those instances where a final Reintegration/Transition Plan was not completed, written justification shall be documented in the youth's case record via the Progress Notes form. Verbal notification shall be provided to the assigned supervisor by the assigned case manager. Appropriate follow-up shall be initiated to ensure that the youth receives a copy of the final plan in these situations. A copy of the final plan shall be mailed to the youth, parent/guardian, and DYS Regional Office within seven (7) days of release.

G. Quality Assurance

The process of auditing the rehabilitation process is an extremely important part of YS. It is a method that enhances a supervisors' ability to supervise and assist Case Managers/Social Worker supervisors in their role of helping youth. It also serves as a tool to assist administrators in the planning and decision making process. The audit/evaluation process shall not be left to chance or omitted. Each secure care Case Manager Supervisor shall be responsible for conducting random audits of case records each month of the case manager's in their facility. Facility Directors shall monitor the audit process conducted by supervisors, ensuring that the selection includes cases from all case managers each month. The current quarterly audit tools authorized by Central Office shall be utilized to conduct this audit.

1. Youth Case Records - Program Managers/Group Leaders shall conduct a random self-audit of a minimum of two (2) case records per week. The audit shall include a random selection from assigned staff using the quarterly audit tools authorized by Central Office.
2. Staffings - It is the Program Manager's/Group Leader's responsibility to ensure that all staffings occur according to policy.
3. Group Counseling - Program Managers/Group Leaders shall conduct random monthly audits of a minimum of two groups per month in process on for their assigned team/unit.
4. Individual Counseling - A Program Managers/Group Leaders' random audit shall be conducted of case record documentation to ensure that

need areas identified in the IIP are being addressed, and to assess the quality of services being provided to the youth by case managers.

H. Program Materials Given to Youth

At the conclusion of each case staffing and subsequent reclassification staffings, the youth may, upon request, have access to the Initial Custody Classification or Custody Reclassification documents, and the IIP (in accordance with YS Policy No. B.3.2 "Access to and Release of Active and Inactive Youth Records").

VII. INITIAL FACILITY ASSIGNMENT:

Assignment by each facility Direct Admission Unit shall be in accordance with the YS established guidelines. Variances necessary in order to maintain either the stability of the facility, or to maximize the utilization of bed space shall be approved by the Facility Director and reported monthly through YS Policy No. C.5.1 "Performance Data and Information".

VIII. LIVING ASSIGNMENT:

When making living assignments, each facility shall consider the following risk factors, as applicable: gender, maturity; size; offense history; secure custody behavior and/or program participation; offense; education; mental health history and any special needs of the youth. Each facility shall develop written procedures covering the justification of all living assignments and appropriate backup documentation.

IX. MAXIMUM CUSTODY ASSIGNMENT:

Youth assigned to maximum custody have generally demonstrated or implied behavior conditions comparable to escape risks or threat of danger to self and/or others.

Facilities shall develop internal procedures regarding the appropriate supervision levels of youth based on their classification outcome. These procedures shall include, but not be limited to, housing assignments, furlough eligibility, visitation restrictions, off-campus movements, and all on-campus movement.

Youth sentenced under the provisions of La. Children's Code Article 897.1 shall not be eligible for off-campus privileges (i.e. work details or educational programs.) When necessary and specifically approved by the Director, Article 897.1 youth who shall be allowed outside of the perimeter fence must be under direct supervision.

X. INTER-DISCIPLINARY TRANSFERS:

An Inter-disciplinary Transfer Committee shall convene prior to a youth's transfer from one facility to another. The committee shall meet to consider whether the youth's treatment, rehabilitation, and education, taken as a whole, would be better served at another facility. The committee shall consist of representatives from the following areas/disciplines: specialized treatment, current teacher if youth is in school (SSD representative, if applicable), YouthCare/Security staff, current case manager or qualified representative, Assistant Director or designee, and other service providers identified in the youth's treatment plan as available. Central Office shall take part in staffings which involve the transfer of a youth into a specialized treatment unit; (i.e., JUMP, MHTU, Winter program and Shelter Care). In emergency situations a youth may be transferred to another facility without prior approval from the inter-disciplinary transfer team.

When a youth is transferred, the committee shall explain the reasons for the transfer and provide documentation in the youth's file. Exigent circumstances exist when there is a substantial threat to the safety of the youth, or others, or the security of the facility. In these circumstances, emergency transfers shall have the Director's approval (or designee if the Director is not available). The Inter-disciplinary Committee shall convene and review such transfers within three (3) working days of the transfer.

Previous Regulation/Policy Number: B-02-003 / B.2.2

Previous Effective Date: 9/30/2003

Attachments/References: B.2.2 (a) Instructions for Use of IIP and Related Documents.doc

B.2.2 (a.1) Individualized Intervention Plan.doc B.2.2 (a.2) Individualized Intervention Plan Summary.doc

B.2.2 (b) Notice of Classification Case Staffing.doc B.2.2 (c) Initial Custody Classification.doc B.2.2 (d) Progress Notes.doc

B.2.2 (e) Group Counseling Assessment.doc B.2.2 (f) Needs Assessment.doc

B.2.2 (g) Monthly Assessment of IIP Progress 0509.doc B.2.2 (h) Custody Reclassification with Instructions.doc

B.2.2 (i) Progress Report Format Guidelines.doc B.2.2 (j) Visitation - Family Contact Progress Notes.doc

B.2.2 (k) Severity of Offense Scale.doc